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PTO/SB/01 (6-95) Approved for use through 9/30/98. OMB 0651-0032

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0010/PTO U.S. 1 Rev. 6/95 Paten	Department of Co nt and Trademark	ommerce Office	Attorne	ey Docket Num	ber	25059	1.90295				
			First Na	amed Inventor		Carlos De La Huerga					
DECLARATION FOR			COMPLETE IF KNOWN								
UTILITY O	R DESI	GN	Applica	Application Number							
PATENT AF	PLICAT	TION	Filing D	ate							
			Group A	art Unit		·					
Declaration O Submitted with Initial Filing	Subm	aration nitted after I Filing	Examine	er Name							
As a below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name.  I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  PRODUCT LABELING METHOD AND APPARATUS  (Title of the Invention)											
S attached hereto  OR  was filed on (MM/DD/YYYY)  as United States Application Number or PCT International  Application Number  and was amended on (MM/DD/YYYY)  (if applicable)  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations \$1.56.											
I hereby claim foreign priority benefits under Title 35, United States Code \$119(a)-(d) or \$365(b) of any foreign application(s) for patent or inventor's certificate or \$365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)				Foreign Filing ( (MM/DD/YY)		Priority Not Claimed	Certified Copy Attached YES NO				
Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:											
I hereby claim the benefi		T			ed State						
Application Number(s) Filing Date			ate (MM/D	(MM/DD/YYYY)  Additional provisional applinumbers are listed on a supriority sheet attached her							

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



## **DECLARATION**

Pag 2

I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the

acknowledge	i States application or e the duty to disclose it tween the filing date o	Information wi	sich is material to	natent	ahility at	define	d in Title 37	Code of Fed	ieral Res	zulations 6	stes Co 1.56 v	de § 1 1 vhich b	2, I ecame	
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As a name	d inventor, I hereby applications based th	appoint the fo	llowing attorne	y(s) an	d/or age	nt(s) t	o prosecute	this applica	tion and	all contir	nuation			
X Firm	Firm Name Quarles & Brady LLP OR					Customer or label Number								
List attorney(s) and/or agent(s) name and registration number below  26710  PATENT_TRADEMARK OFFICE									CE					
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Given Name	Carlos		Middle Initial	<u></u> -	Fam Nam	ily ne	De La	Huerga			Suffix e.g. J	r.		
nventor's Signature	Aff								<u> </u>	Date /	Jen!	<b>'</b> ' ' ,	201	
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Additional inventors are being named on supplemental sheet(s) attached hereto

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